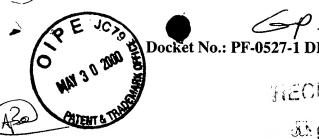
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents,

Washington, D.C. 20231 on May 22, 2000

Lal et al.

Printed:

Kathleen K. Muto Adam isell



RECEIVED

JAN 0 1 2000

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Title:

PROSTATE GROWTH-ASSOCIATED MEMBRANE PROTEINS

Serial No.:

09/397,558

Filing Date:

September 16, 1999

Examiner:

Harris, A.

Group Art Unit:1642

**Assistant Commissioner for Patents** 

Washington, D.C. 20231

## AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Postcard;
- 2. Response to Office Action (7 pp., in duplicate);
- 3. Information Disclosure Statement with Certification Under § 1.97(e)(1) (2 pp. In duplicate);
- 4. Supplemental List of References Cited (1 pg.);
- 5. Copy of International Search Report (11 pp.);
- 6. Copies of three (3) cited references; and
- 7. Revocation and Power of Attorney (2 pp.).

The fee has been calculated as shown below.

| Claims  | Claims<br>After<br>Amendment | - | Claims<br>Previously<br>Paid For | = | Present<br>Extra |      | r Than<br>Entity<br>Fee | Additional<br>Fee(s) |
|---|------------------------------|---|----------------------------------|---|------------------|------|-------------------------|----------------------|
| Total<br>Claims                                       | 14                           | • | 20                               | = | 0                | \$18 |                         | \$0 -                |
| Indep.<br>Claims                                      | 2                            | - | 3                                | = | 0                | \$78 |                         | \$0                  |
| First Presentation of Multiple Dependent Claim +\$260 |                              |   |                                  |   |                  |      |                         |                      |

**TOTAL** \$\_0

| <u>X</u> | No a | additional | fee i | s req | uired. |
|----------|------|------------|-------|-------|--------|
|          |      |            |       |       |        |

Please charge Deposit Account No. 09-0108 the amount of

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

> Respectfully submitted, INCYTE PHARMACEUTICALS, INC.

22 MAT 2000 Date:

Adam Warwick Bell, D.Phil.

Reg. No. 43,490

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